

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 21 | 2/7/01 |
| FORMALITY REVIEW | P. | JC 872 | FC-23-01 |
| RESPONSE FORMALITY REVIEW | A.M. | JC 580 | 01-16-02 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|----------------|------|
| Final Original | |
| 1 ✓ | |
| 2 ✓ | |
| 3 ✓ | |
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| Claim | Date |
|----------------|------|
| Final Original | |
| 51 ✓ | |
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| 100 ✓ | |

| Claim | Date |
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| Final Original | |
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| 150 | |

If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

101
 01/23/01
 526
 1-17-02